

Julie Stangell
Pick up An
Person
9-9-2011

You have a right to appeal this action to the Pollution Control Hearing Board (PCHB) within 30 days of the date of receipt of this document. The appeal process is governed by Chapter 43.21B RCW and Chapter 371-08 WAC. "Date of receipt" is defined in RCW 43.21B.001(2).

To appeal, you must do the following within 30 days of the date of receipt of this document:

- File your appeal and a copy of this document with the PCHB (see addresses below). Filing means actual receipt by the PCHB during regular business hours.
- Serve a copy of your appeal and this document on Ecology in paper form - by mail or in person. (See addresses below.) Email is not accepted.

You must also comply with other applicable requirements in Chapter 43.21B RCW and Chapter 371-08 WAC.

Street Addresses	Mailing Addresses
Department of Ecology Attn: Appeals Processing Desk 300 Desmond Drive SE Lacey, WA 98503	Department of Ecology Attn: Appeals Processing Desk PO Box 47608 Olympia, WA 98504-7608
Pollution Control Hearings Board 1111 Israel Rd SW Ste 301 Tumwater WA 98501	Pollution Control Hearings Board PO Box 40903 Olympia, WA 98504-0903

For additional information visit the Environmental Hearings Office Website:
<http://www.eho.wa.gov> . To find laws and agency rules visit the Washington State
Legislature Website: <http://www.l.leg.wa.gov/CodeReviser> .

If you have any questions, please contact Dorothy Glenn at 425-649-7278.

Sincerely,



Jerry L. Liszak
Acting Section Manager
Water Resources Program

JL/dg/ng
S1-28267 & S1-28272

By certified mail 7010 3090 0000 1910 0210

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
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For delivery information visit our website at www.usps.com	
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Postage \$	SEP 07 2011
Certified Fee	
Return Receipt Fee (Endorsement Required)	
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Total Postage	
Sent To	SA112
Street, Apt. No. or PO Box No.	C/O JULIE STANGELL
City, State, Zip	31716 CAMP 1 ROAD ORTING WA 98360
PS Form 3800, August 2006	
See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *WR: 51-28267 +*
51-28272



SA112
C/O JULIE STANGELL
31716 CAMP 1 ROAD
ORTING WA 98360

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Julie Stangell

C. Date of Delivery

9-9-11

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

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4. Restricted Delivery? (Extra Fee)

☐ Yes

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Domestic Return Receipt

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Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Department of Ecology
Northwest Regional Office
3190 160th Ave SE
Bellevue, WA 98008